



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000060510		
1. Entity Name D.W. EDWARDS & SONS, INC.		
Principal Place of Business 4095 SPRING CREEK HWY. CRAWFORDVILLE, FL 32327		Mailing Address 4095 SPRING CREEK HWY. CRAWFORDVILLE, FL 32327
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDWARDS, DONALD 4095 SPRING CREEK HWY. CRAWFORDVILLE, FL 32327		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000557078 05/17/06-80030-017 150.00.
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	EDWARDS, DONALD	
STREET ADDRESS	4095 SPRING CREEK HWY	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-26-06 850-510.6973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #